



# FIRE DEPARTMENT REGISTRATION FORM

INDUSTRY SERVICES DIVISION  
Fire Prevention Program  
P.O. Box 7302  
Madison, Wisconsin 53707-7302  
TTY: Contact Through Relay

## Please Type or Clearly Print Information

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Date: \_\_\_\_\_

Name of Fire Department: \_\_\_\_\_

Street Address of Main Station: \_\_\_\_\_

Mailing Address if different than above: \_\_\_\_\_

\_\_\_\_\_, **WI** \_\_\_\_\_ County : \_\_\_\_\_

Fire Department Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fire Department email: \_\_\_\_\_

Name of Designated Fire Chief: \_\_\_\_\_

Date (Month/Date/Year) Fire Chief Originally Elected or Appointed: \_\_\_\_\_

Fire Chief Phone: (Primary Contact) : (\_\_\_\_)\_\_\_\_-\_\_\_\_

Secondary Phone: \_\_\_\_\_ Fire Chief E-mail: \_\_\_\_\_

Name of Lead Fire Inspector: \_\_\_\_\_

Lead Fire Inspector Phone: \_\_\_\_\_

Lead Fire Inspector E-mail: \_\_\_\_\_

Name of Public Fire Education Officer: \_\_\_\_\_

Public Fire Education Officer Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Public Fire Education Officer E-mail: \_\_\_\_\_

Name of NFIRS Contact: \_\_\_\_\_

NFIRS Contact Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

NFIRS Contact E-mail: \_\_\_\_\_

FAX Number for Fire Department Business: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**\*PAY STATUS KEY**

For further pay status definitions, please see our website:

<https://dps.wi.gov/Documents/Programs/FirePrevention/Definitions.pdf>

Fire Department Pay Status	Roster Information
<input type="checkbox"/> 1-Career	# of Career Firefighters: _____
<input type="checkbox"/> 2-Combination	# of Paid Firefighters: _____
<input type="checkbox"/> 3-Volunteer	# of Unpaid Firefighters: _____
<input type="checkbox"/> 4-Affiliate	# of Non-Firefighter Staff: _____
<input type="checkbox"/> 5-Federal/State/Military	# of Fire Inspectors: _____
<input type="checkbox"/> 6-Private	

Fire Department Organization	Fire Department Type
<input type="checkbox"/> <b>Chapter 180</b>	<input type="checkbox"/> <b>Public</b>
<input type="checkbox"/> <b>Chapter 181</b>	<input type="checkbox"/> <b>Private</b>
<input type="checkbox"/> <b>Chapter 213</b>	
<input type="checkbox"/> <b>Municipal</b>	
<input type="checkbox"/> <b>Tribal</b>	

**Inspection Information**

# of Public Buildings &amp; Places of Employment to be inspected: \_\_\_\_\_

# of Inspections to be Conducted: \_\_\_\_\_

**Municipalities:**

List each municipality that is located within the territory served by this fire department. Designate whether Town, Village, or City of: (example; Municipality: Town of Adams County: Adams). Place an **X** behind the type of services provided and the date that took place.

1. Municipality \_\_\_\_\_ County: \_\_\_\_\_

Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_

Name of Municipality Clerk &amp; email: \_\_\_\_\_

Name of Highest Elected Official &amp; email: \_\_\_\_\_

2. Municipality \_\_\_\_\_ County: \_\_\_\_\_

Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_

Name of Municipality Clerk &amp; email: \_\_\_\_\_

Name of Highest Elected Official &amp; email: \_\_\_\_\_

3. Municipality \_\_\_\_\_ County: \_\_\_\_\_

Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_

Name of Municipality Clerk &amp; email: \_\_\_\_\_

Name of Highest Elected Official &amp; email: \_\_\_\_\_

4. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_
5. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_
6. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_
7. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_
8. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_

**\*If additional space is needed please attach another sheet**

### **FIRE DEPARTMENT REGISTRATION**

A fire department that provides fire protection and fire prevention services to a municipality is required to register with the Department. In the fire dues process, fire department means a municipal fire department, public safety department, or public or private organization, such as a fire association, fire district, fire company or fire corporation, organized or created for the purpose of extinguishing fires and preventing fire hazards.

By statute, for the prevention of fire hazards, the chief of the fire department is constituted a Deputy of the Department of Safety and Professional Services. Registration is required to issue the Deputy ID card to the fire chief, and to ensure that the fire department receives their fire dues funding from the municipalities served by the fire department.

**Questions about this form? Contact the Fire Prevention Program at [DSPSSBFireDues@wisconsin.gov](mailto:DSPSSBFireDues@wisconsin.gov).**